



## SENIOR & LONG TERM CARE DIVISION COMMUNITY SERVICES BUREAU

### HOME AND COMMUNITY BASED WAIVER Policy Manual

**Section: ELIGIBILITY FOR SERVICES**

**Subject: Prior Authorization by the  
Community Services Bureau**

### **DEFINITION**

Prior authorization by the Community Services Bureau (CSB) means approval to exceed limits for payment of certain services before they are rendered. Prior authorization by the CSB is different from prior authorization required for HCBS provider payment processing by the Case Management Team (CMT). For provider payment prior authorization, refer to HCBS 605.

### **REQUIREMENT**

The CMT must request prior authorization when the member requires services in excess of program limits for:

1. Care Category 3 Initial Plans. Refer to HCBS 402 and HCBS 899-21 (form DPHHS-SLTC-148);
2. Increase to CC3 cost plans. Refer to HCBS 809-6 and HCBS 899-16 (form DPHHS-SLTC- 141);
3. Environmental Accessibility Adaptations in excess of \$8000. Refer to HCBS 711 and HCBS 899-22 (form DPHHS-SLTC-149);
4. Service Plan over cost limit; except when cost plan is over the cost limit as a result of the maximum daily rate in residential habilitation – adult residential. Refer to HCBS 899-22 (form DPHHS-SLTC-149);
5. Specialized Medical Equipment or Supplies in excess of \$5000. Refer to HCBS 733 and HCBS 899-22 (form DPHHS-SLTC-149).

### **PROCEDURE**

All requests for prior authorization of excess services must be made on the Request for Prior Authorization (form DPHHS-SLTC-149, refer to Appendix 899-21 & 899-22) or on an Amendment (form DPHHS SLTC-141; refer to HCBS 899-16). Authorization for provision of excess services or over cost plans of care is delegated to the Regional Program Officer (RPO). The CMT must forward the Request for Prior Authorization Form to the RPO. If the RPO concurs, the RPO will sign and return the request to the CMT. If the RPO does not concur, the reasons for non-concurrence will be documented

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on the Request for Prior Authorization. Requests for exceptions to the maximum plan of care cost limit should include a copy of the proposed Service Plan and Service Plan Cost Sheet. The DPHHS-SLTC-149 "Narrative and Justification" section must provide detailed information regarding the member's need for excess services.

**AUTHORIZATION  
FOR EXCESS  
SERVICES**

The responsibility for approving requests for over cost plans of care, increases to CC3 plans, environmental modifications, and specialized medical equipment and supplies is delegated to the RPO, who will consider the following:

1. If provision of excess services can be made while staying within the Service Plan cost limit.
2. Whether any State Plan services could be used as an alternative. Whether all other options have been exhausted.
3. Whether the CSB Bureau has sufficient funds for CC3 plans.

**AUTHORIZATION  
OF OVER COST**

The RPO is responsible for reviewing and approving requests for costs over the Service Plan cost limit. The RPO is responsible to send a copy of the amendment to CC3 plans with a new POC cost sheet to Central Office Program Manager. Authorization for over cost will be made by considering the following criteria:

1. The service making the member exceed costs is a one-time purchase, e.g., specialized medical equipment or environmental modification.
2. Intensive services for 90 days or less:
  - a) to resolve a crisis situation which threatens the health and safety of the individual;
  - b) to stabilize the individual following hospitalization or an acute medical episode; and
  - c) to prevent institutionalization during the absence of the unpaid caregiver.

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Note: If a member's needs require intensive services on an on-going basis (over 90 days), A referral for a CC3 slot (see HCBS 402) must be completed. The CMT team may continue to provide overcost services in a basic slot until CC3 funds become available. Case managers must provide thorough documentation supporting the need for overcost services.

The Home and Community Based Services Program is not an entitlement program. The CMT is required to manage services within the Service Plan cost limit to keep the program from exceeding any state funding limitations.